

PASS FOOTBALL® LEAGUE LLC



PERSONAL TRAINING AGREEMENT

This Agreement shall confirm that _____ will train with the staff of the "PFL" for one of the following sessions:

(Please Circle Session - Price Preference, A, B or C)

GROUP SESSION*PRICE PER SESSION

- | | |
|---------------|----------|
| A) 1 Session | \$ 65.00 |
| B) 4 Sessions | \$240.00 |
| C) 8 Sessions | \$400.00 |

These training sessions will consist of one Session per week, ninety-minutes in duration.

Session dates and times will be determined by the "PFL" staff. PFL requires a 24-hour cancellation notice, in order to reschedule a session.

Client Name: _____ Trainer Name: _____
(Please Print) (Please Print)

Client Signature: _____ Trainer Signature: _____

Date: _____ Date: _____

* Note: Individual Training also available. Please Inquire.

Please Make Checks Payable to:

PASS FOOTBALL LEAGUE LLC

Office Location: 3231 Ocean Park Blvd., #117, Santa Monica, CA 90405 Tel: 310.314.1821
Mailing Address: 12335 Santa Monica Blvd., #439, Los Angeles, CA 90025